



Montgomery County Department of Health and Human Services

Licensure and Regulatory Services

255 Rockville Pike, Ste 100, Rockville, Maryland 20850

Phone: 240-777-3986 Fax: 240-777-3088

[www.montgomerycountymd.gov/licensure](http://www.montgomerycountymd.gov/licensure)

PRIVATE EDUCATIONAL INSTITUTION APPLICATION (PEI)

(LICENSES ARE NOT TRANSFERABLE FROM LOCATION TO LOCATION OR PERSON TO PERSON)

☐ New

☐ Renewal

TODAY'S DATE: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax Telephone: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_

Email Address (REQUIRED): \_\_\_\_\_

Mailing Address If Different: \_\_\_\_\_

Type of Facility: ☐ Nursery ☐ Kindergarten ☐ Elementary (state grades) \_\_\_\_\_

☐ Secondary (state grades) \_\_\_\_\_ ☐ Post secondary (specify area of instruction) \_\_\_\_\_ ☐ Tutoring

☐ Vocational (specify dance, arts, etc.) \_\_\_\_\_

Owner or Corporation Name: \_\_\_\_\_

Accredited by State Department of Education? ☐ Yes ☐ No Maximum number of students at any one time: \_\_\_\_\_

Number of students enrolled: \_\_\_\_\_ \*Do you intend to prepare/serve meals? ☐ Yes ☐ No

Water Supply: ☐ Public ☐ Private Sewerage: ☐ Public ☐ Private Days and Hours of Operation: \_\_\_\_\_

**NEW FACILITIES OR CHANGE OF LOCATION FOR EXISTING FACILITIES:**

1. Anticipated date of opening or change of location: \_\_\_\_\_
2. Person to contact to arrange for an inspection: \_\_\_\_\_
3. Contact's telephone number: \_\_\_\_\_
4. Attach a copy of the Use and Occupancy permit for school use to this application. To obtain, call the Office of Use and Occupancy, 240-777-6300.
5. Attach a copy of the Fire inspection approval call 240-777-2457 to schedule for a fire inspection with the Fire Prevention Bureau/Fire Marshal office.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

**Payment Method**

☐ Check ☐ Money Order ☐ Visa ☐ MasterCard **CASH IS NOT ACCEPTED** Amount: \$ \_\_\_\_\_

Credit card payments may be faxed to 240-777-4531 (confidential fax line).

Credit Cardholder's Name: \_\_\_\_\_

Credit Card No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_

**I agree to pay the indicated total amount according to card issuer agreement:**

Cardholder's Signature: \_\_\_\_\_

Submit completed application and application fee to address at the top of the application. Checks or money orders are payable to "Montgomery County, Maryland".

**OFFICE USE ONLY**

Receipt No: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Check No: \_\_\_\_\_ Expires: \_\_\_\_\_ Staff Initials: \_\_\_\_\_